MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COR	AL DYEING	2722013	5-1
1.	MONTH OF SEPTEMBER 1, 2008 THRU SEPTEMBER 30, 2008		
2.	Is Outlet # (8 digit) Correct?	N	N/A
3.	Is average Total flow-gal.day stated in space provided Y	N	N/A
4.	Is max. Total flow-gal day stated in space provided?	N	N/A
5.	Is method used to calculate water stated? Nov 2008	N	N/A
6.	Are number of working days stated? Are number of working days stated? Are number of working days days days days days days days days	N	N/A
7.	Are there any parameters which have exceeded FYSCETV Y	N	N/A
8.	Is proper compliance/non-compliance statement provided?	N	N/A
9.	Have correct number of samples been submitted?	N	N/A
10.	Has PHC result been listed on MR-1 report?	N (N/A)
11.	Has sample number been reported in space provided?	N	N/A
12.	Have all regulated parameters been listed on MR-1?	N	N/A
13.	Has sample type been stated on MR-1?	N	N/A
14.	Have all samples been taken during this reporting period?	N	N/A
15.	Has NJDEPE certified lab been used?	N	N/A
16.	Have analytical results been submitted on copies of Laboratory stationery? Y	N	N/A
17.	Have results been written in space designated on MR-1?	N	N/A
18.	Is correct method used to preserve samples stated on MR-1?	N	N/A
19.	Has MR-1 been signed by authorized representative?	N	N/A
20.	Has information been submitted on proper MR-1 form?	N	N/A
21.	Remove Arsenic from report if sampling not required Y	N	(N/A)

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Coral Dyeing	27220135	
First Reviewer: comments on deficien	ncies complETE	
Date Reviewed 11/19/08 Date se	nt to user	
Date due back	Reviewer_ c.J.m.	
Second review comments on deficien		
_		
Date Reviewed	Date sent to user	· · · · · · · · · · · · · · · · · · ·
Date due back	_Reviewer	· · · ·
DateRe	eviewer	

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PRETREATMENT MONITORING REPORT

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				. I sp. r	mingmoid I	DEPARTMENT
NAME: CORAL [DYEING & FINISHING CORI	Ρ.		417		2 mil 17 mil 11 mil 20
MAII ING ADDRESS	S: 555 EAST 31ST STREE	T PATERSO	N, NJ 07509			
FACILITY LOCATION	ON: 555 EAST 31ST STRI	EET PATERS	ON, NJ 07509) 	*	
CATEGORY & SUE	BPART: 410		ou			
	AL: DINA SPENCE				973 278-0272	
NEW CHETOMED	ID / OUTLET ID:27220135 -	1 OLD OUT	LET DESIGN	ATION: 27	400050	*
		-1-	Averag	ne er	Maximum	
——— MONITOR	RING PERIOD		20 March 1975 Annual Control	~		
Start	End	egulated Flow-	gallday 14	6268	/	
9 1 08 MO DAY YR		otal Flow-gal/da			160,890	0
	INIO 1 STATE	1 MITTE	9			
Method Used: Rt	ADING PROH FLO.	N METER	0			
N	UMBER OF DAY	WORKED.	2/			
	<u> </u>		*		+	
Production Rate (if	applicable) \ \					
	/2	10000	R CONCENT	RATION	# OF	SAMPLE TYPE
PARAMETER	())		MAXIMUM	UNITS	SAMPLES	COMP/GRAB
	a la mamant	100 AVG			1	0011
COPPER	Sample Measurement Permit Requirement	3.02		MG/L		COM
71110	Sample Measurement	.201				PON
ZINC	Permit Requirement	1.67		MG/L		0001
	Sample Measurement					
	Permit Requirement	4			00210	
	Sample Measurement			18	9202122	
	Permit Requirement		4	601	1	3
	Sample Measurement	*		1500		2526
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	Sample Measurement			(2)	NOV 2008	2728
3	Permit Requirement	2324	363	12	2nd Input	828
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	Sample Measurement			18.		
	Permit Requirement					

PVSC FORM MR-1 REV: 4 6/87 P 1

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PRETR	EATMENT MO	NITORING RE	EPORT	EGEL	<u> </u>
				OCT_1 7	2008
Certification of Non-Use if applicable (use addition:	onal sheets)z		The Base	001.17	2000
We have been certified for	non-use c	of the fol	lowing m	edals:	
Lead, Cadmium, Nickel and I	Mercury		Lavarana de la composition del	Tank S. E. and S. Salaman State State Services	Marie and a company of the same of the sam
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Compliance or non compliance statement with con	npliance schedul	e (use additional	wheate if name	reary) for across	
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parameter used: <u>We are in complience</u> Copper and Zinc	ce for the	fo:llowing	g meda∏s	•	
copper and sine	* *				
		3 •			· ·
Explain Method for preserving samples:	•				
$4*c$ with nho_3 and	Ph below	2			
		19			
Based on my inquiry of the person or persons when the information, the information submitted is, to am aware that there are significant penalties for	the best off my	nowilledge and li	belief, truce,, ac	curate and c	omplete.
ine and imprisonment for knowing violations.	7		i re.		
	*				
403 (1) (2) (1) 11 53 FD 40(40 0 1 1	12 1000	•			
403.6(a)(2)(ii) revised by 53 FR 40610, Octobe	er 17, 1988		*		
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Sign	atture of Primeipal	l			
	or Authornized A				*
DINA	SPENCE -	Comtrolle	er .		
	: Mame and Title				
Туре	10/17/08			· ×	
	The same	· ·			
i i	Date	*			

PVSC FORM MR-1 REV: 5 3/91 P 2

N. J. TELEPHONE (973) 278-0272 (973) 278-0276

N. Y. C. TELEPHONE (212) 736-4364 FAX NUMBER (973) 278-9490

Coral Dyeing & Finishing Corp.

555 EAST 31ST STREET
POST OFFICE BOX 2067
PATERSON, NEW JERSEY 07509

10/16/2008

PASSAIC VALLEY SEWERAGE 600 WILSON AVE. NEWARK, NJ 07105

TEL.:

973-817-5714

FAX:

973-344-4876

Dear Bruce,

As of today I did not receive water bill for the month of September 2008.

Reading from water meter:

8/31/2008

9/30/2008

548720

591946

43226

Total water consumtion for September 2008

<u>43226</u>

Thank you.

Yours truly, Dina Spence - Controller



Analytical Report



Regarding:

DINA SPENCE CORAL DYEING & FINISHING CORPORATION PO BOX 2067 PATERSON, NJ 07509

DINA SPENCE CORAL DYEING & FINISHING CORPORATION PO BOX 2067 PATERSON, NJ 07509

CORAL DYEING & FINISHING CORPORATION CORAL DYEING & FINISHING CORPORATION

P.O. No: PWSID No:

Inv. No: 1007770

Sample Number L2750335-1	Sample Description EFFLUENT COMPOSITE Received Temp: 38 F Iced	(Y/N): Y -	Samp. Date/Time/Temp 09/03/08 10:00am NA F	Sampled by Customer Sampled
Parameter CADMIUM COPPER NICKEL LEAD ZINC MERCURY BIOCHEMICAL O TOTAL SUSPEND		Result ND mg/l 0.350 mg/l ND mg/l 0.0115 mg/l 0.201 mg/l ND mg/l 328 mg/l 54.2 mg/l	RLs 0.00400 mg/1 0.00300 mg/1 0.0100 mg/1 0.00500 mg/1 0.00500 mg/1 0.000200 mg/1 67.4 mg/1 2.00 mg/1	Test Date, Time, Analyst 09/11/08 12:47PM B B 09/15/08 09:03PM CMC 09/04/08 03:28PM DJP 09/05/08 06:30AM GLE

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
- Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count
- A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
- All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
- The test"pH lab"is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.
- Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.
- QC NELAP ID's:PA 09-00131,NJ PA166,FL E87954,NY 11223,CT PH-0768,DE PA-018,KY 90228,MD 206,EPA PA00018.Bioassay:PA 09-03574,NJ PA034,FL E87953,KS E10373,SC 89020001.
- QC STATE ID's:Wind Gap,NJ PA001,PA 48-01334;E RUTHERFORD NJ02015;Vineland NJ06005; Reading PA 06-03543.
- All samples are collected as "grab" samples unless otherwise identified.
- MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.
Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Page 1 of 1

Serial Number: 1028497

1205 Industrial Blvd., P.O. Box 514, Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231 www.qclaboratories.com

to Verestie a ver		TROGER REPORT	\sim α
MATRIX CODES DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER	SD: SOIL SL: SLUDGE OIL: OIL SOL: NON SOIL SOLID MI: MISCELLANEOUS X: OTHER	Field pH, Temp (C or F), DO, Cl ₂ , S. Cond. etc.	ed By: Date/Time: Cuspak Segi Number
の		ANALYSIS REQUESTED	Field Parameters Analyzed By: Sig: LITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM DELIVERY METHOD: DIOC COURIER LICLIENT COMMENTS: COMMENTS: Hazardous: yes / no
Lab LIMS No:		AM	AND MINE TIME IN INFE
CHAIN OF CUSTODY Page of Of CUSTODY	Address: (if	W A watry Code Toles Survey Code Toles Survey Code Sur	Standard + QC
55-3900	Sampling Site Address: (if P.O. No. QC Contact Collection is	Date Mille	EXCHANGES MUST BE DOCUMENTED BELOW, US EXCHANGES MUST BE DOCUMENTED BELOW, US ER PRESENED BY TIME PRECEIVED BY TIME PRECEIVED BY TIME A FOR examp
Labor 1886-0514	Address City/State/Zip Phone/Fax Client Contact	FIELDID	PLED BY: (Name/Company) MIPLE CUSTODY EXCHAN MOUSHED BY SAMPLER ANDUSHED BY NOUISHED BY NOUISHED BY NOUISHED BY